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| TO: | EXAMINER ALI, SHUMAYA B | FROM: | GUY V. TUCKER |
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|----------|--------------------------------|---------------|--------------|
| COMPANY: | U.S. Patent & Trademark Office | PHONE NUMBER: | 650-631-3100 |
| | GROUP ART UNIT 3743 | | |

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| FAX NUMBER: | 1-571-273-8300 | FAX NUMBER: | 650-620-6395 |
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| PHONE NUMBER: | | DATE: | August 22, 2006 |
| RE: | USSN 10/729,832, Filing Date: DECEMBER 5, 2003 | | |
| | OUR DOCKET NO. 0136.00 | | |

DOCUMENTS SUBMITTED

Transmittal PTO/SB/21

Amendment

Extension of Time PTO/SB/22, in duplicate

PETITION FOR 3 MOS EXTENSION OF TIME, in duplicate

AUTHORIZATION TO CHARGE ANY FEES TO DEPOSIT ACCOUNT NO 500348

TOTAL NO. OF PAGES INCLUDING COVER: 13

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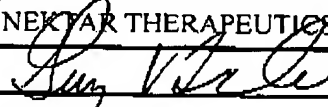
PTO/SB/21 (07-08)

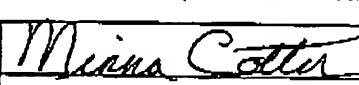
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| | | |
|---|------------------------|------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/729,832 |
| | Filing Date | December 5, 2003 |
| | First Named Inventor | WILLIAM W ALSTON |
| | Art Unit | 3743 |
| | Examiner Name | ALI. SHUMAYA B |
| Total Number of Pages in This Submission | Attorney Docket Number | 0136.00 |

| ENCLOSURES (Check all that apply) | | |
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| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
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| Firm Name | NEKTAR THERAPEUTICS | | |
| Signature |  | | |
| Printed name | GUY V TUCKER | | |
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